B

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

Pediatric Resource Center
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Peoria, Illinois 61637
Tel: (309)624-9595
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PEDIATRIC RESOURCE CENTER
...meeting the medical needs of abused and neglected children.

Stephanie Johnson
Executive Director

Channing S. Petrak, MD
Medical Director

Date of Visit: 2/18/2015

Name: Madeline Kramer
Date of Birth: 1/20/2013

Referral Information: The initial request for evaluation was made by OSF Saint Francis Emergency Department on 2/13/2015. Madeline's mother had taken Madeline to the ED for evaluation due to concern that Madeline's vaginal opening looked larger than normal following a visit with her bio-father. A limited exam genital exam was performed in the ED due to poor cooperation. No abnormalities were noted on exam in the ED.

Madeline was previously evaluated by PRC in November 2013 after she was admitted to Children's Hospital of Illinois due to concerns of possible sexual abuse. Madeline's mother was concerned at that time because she thought Madeline's vaginal area was red, her vaginal opening appeared larger than normal, Madeline was masturbating, and because she had a dream where spirits told her that Madeline was being sexually abused during a diaper change. Madeline had a normal exam at that time, and reassurance about her concerns was provided to Madeline's mother at that time.

Past Medical History: Provided by Madeline's bio-mother. Madeline was born via vaginal delivery at full term. She is not immunized, and her mother reported her to be "immunization exempt". Madeline was reported to have been hospitalized at 10 months of age for concerns of possible sexual abuse (PRC evaluated during hospital stay).
Allergies: No known allergies.
Medications: None.

Additional Medical History: Provided by Madeline's mother. Kristin Lenover, PRC Case Coordinator, was present in the room during the history collection. I asked Madeline's mother to tell me about her concerns. Madeline's mother said that at 7 months of age, Madeline went to stay with her father and his family for one week, and during that stay, Madeline was left with strangers and her paternal grandparents. Madeline's mother said that when Madeline returned to her care, her vaginal area was so enlarged you could "see inside". Madeline's mother described Madeline to have brown-yellow vaginal discharge and said that her genital area was swollen and inflamed. Madeline's mother also said that Madeline was not acting normal at that time. She described that Madeline would just sit and play with her toys while keeping her legs crossed. Madeline's mother described Madeline to squeeze her diaper area, and said that she had to hold Madeline's legs to get her to stop.

When asked about her recent concerns, Madeline's mother said that Madeline will frequently put her hand in her pants, touch herself, have episodes where she "freaks out" and cries after visits with her father. Madeline's mother said that these symptoms dissipate after Madeline is back in her care.

Madeline's mother described Madeline's genital area to often appear red and "traumatized" after visits with her father. Madeline's mother reported that Madeline will frequently "push on herself down there". Madeline's mother said that she had friends who saw Madeline's behavior and genitalia after a visit with her father and agreed that something was not right. Madeline's mother said that Madeline's clitoris appeared red and swollen. Madeline's mother said that she has been "trying to rule out everything but the person". I asked her to explain this. Madeline's mother said that if Madeline's father was the one watching Madeline during a visit, then everything would look okay when Madeline returned, but that if Madeline's paternal grandmother was watching her, then Madeline's genital area would appear red, her "vagina hole" was bigger, and Madeline would be squeezing her diaper area. Madeline's mother said that she witnessed Madeline's paternal grandmother wiping Madeline so hard that she appeared to be smacking Madeline's genital area. Madeline's mother said that she was concerned because if Madeline's grandmother was willing to do that in front of her, what was Madeline's grandmother doing when she was not around. Madeline's mother said that Madeline's paternal grandmother is abusive and manipulative and says that Madeline's mother is creating problems where there are none. Madeline's mother commented that she did not know Madeline's father well when she became pregnant with Madeline.

Madeline's mother said that this past Thursday (2/12/2015), Madeline was with her father, and returned to her care that evening. Madeline's mother said that when Madeline returned from her father's, she thought the opening of Madeline's vagina looked "wide and you could see inside". Madeline's mother said that Madeline had been around her paternal grandmother during that visit. Madeline's mother said that other times after just being with her father when Madeline would return, Madeline's vaginal opening was a normal size and there was no redness in her vaginal area. Madeline's mother said that Madeline had not been around her paternal grandmother during those visits with her father.

Madeline's mother said that she has been keeping documentation of all her concerns, and of what she has been told by medical providers that have evaluated Madeline. Madeline's mother said that she has contacted DCFS, but that nothing happens. Madeline's mother said that she has not brought up her concerns during court custody hearings as of yet.

Exam: Present during the physical exam was Madeline's mother and Kristin Lenover, PRC.

Madeline's growth parameters appeared normal for her age.

On general exam, Madeline was a fairly clean, generally healthy appearing 2-year old female. Madeline clung to her mother, and was not very cooperative during her exam. Madeline was noted to have dry skin throughout her body. Her bilateral legs were erythematous with a macular rash noted (mom said pants were just washed in a new laundry detergent). When Madeline spoke, it was fairly intelligible and in 2-3 word phrases. The remainder of Madeline's general physical exam was normal.

Ano-genital exam: A detailed, external ano-genital exam was performed with the use of a colposcope. Supine position was used for exam. Madeline was noted to be Tanner Stage 1. Labial separation and labial traction were performed and revealed normal labia majora, labia minora, clitoral hood, peri-urethral area, urethra, peri-hymenal area, fossa navicularis, and posterior fourchette. The hymen was a fimbriated, pre-pubertal hymen. Smegma was noted in the folds of the labia. No vaginal discharge was noted. Exam of the perineum and anal areas was normal. An anal tag was noted at 1o'clock supine.

Impressions:

1. Madeline was evaluated due to her mother's concern of possible sexual abuse. Madeline's mother expressed several concerns that she had about possible abuse to Madeline.
    a. Madeline's mother said that she has been concerned about sexual abuse since Madeline was 7 months of age. Madeline's mother's most recent concern was that Madeline had an enlarged vaginal opening. The size of the vaginal opening is not indicative of sexual abuse. The size of the vaginal opening varies by person, age, and with the presence/absence of estrogen in the hymenal tissue. Positioning during exam of that area can make the hymenal opening appear different. I explained this to Madeline's mother. Madeline is at an age that her maternal estrogen stores are weaning, which I explained to Madeline's mother will continue to cause some changes in the appearance of Madeline's hymen, as well as increased sensitivity to her vaginal area.
    b. Madeline's mother expressed concern about redness that she has noted in Madeline's genital area. Redness in the genitalia is not specific for sexual abuse. Vulvo-vaginitis is a common cause of redness in the genital area in young females. Factors such as hygiene changes, use of scented soaps/lotions, sitting in wet or soiled diaper for extended period of time, wearing tight clothing, etc. can all be contributing factors to developing vulvo-vaginitis. Increased sensitivity in the genital area also seems to correlate with fluctuations in maternal estrogen stores. This was explained to Madeline's mother, and a brochure on common causes of and ways to prevent vulvo-vaginitis was discussed in the written education provided.
    c. Madeline's mother said that starting at 7 months of age following a visit with her father, Madeline would squeeze her legs and diaper area together. Although this behavior may have been a change from previous, it is not concerning. Madeline may do this because she gets some self-stimulation. This type of masturbation would fall into the spectrum of normal sexual behavior for a child her age.
    d. Madeline's mother also reported that recently Madeline has been putting her hands in her pants and touching herself. This is a normal sexual behavior for Madeline's age. This was explained to Madeline's mother. I advised that as Madeline's parent, it is her responsibility to teach Madeline about being inappropriate to touch herself like that in front of others.
    e. Madeline's mother reported concern because Madeline was reportedly having fits where she would scream and cry. Madeline's mother reported that these fits would occur after a visit with Madeline's father, and then decrease in frequency after Madeline is back in her care. Temper tantrums are a normal part of toddler development. It is not unusual to hear that Madeline has more fits after returning from her father's because Madeline has experienced a change from her usual routine when she goes from one parent's care/home to another. If the discipline that Madeline receives is different from one place to another, she may be testing her limits. Dealing with a child having temper tantrums can be stressful. It is best to remain consistent in discipline and not to cave into the child's wants just because they are throwing a fit. Madeline's parents should discuss their discipline methods and rules that they want set for Madeline together to help with consistency. Increased fits could also be a sign that Madeline is experiencing stress. That stress could be related to multiple issues including abuse; however, a child having tantrums/fits is not indicative of abuse.
    f. Madeline's mother expressed concern that Madeline's paternal grandmother is rough when wiping Madeline's genital area. That could possibly contribute to redness that

Madeline has been reported to have in her genital area, but there are too many other possible factors that can cause redness to determine if there is a relationship to being wiped roughly or not. A conversation with Madeline's grandmother about proper hygiene techniques may be beneficial.

g. Madeline had a normal ano-genital exam on 2/18/2015 at the PRC; this does not exclude the possibility of sexual abuse. A non-acute (greater than 72 hours later) exam following an incident of sexual abuse is normal 95% of the time.
    i. Exams are normal most of the time following incidents of abuse. The nature of the type of sexual contact involved, and use or absence of force contribute to normal exams, as does the anatomy of the tissue in the genital area. The ano-genital area is an area of the body that does not easily injure, and when injured, heals quite rapidly, often without residual.
    ii. When substantiating concerns of possible sexual abuse, the history provided by the child is of utmost importance. Madeline has not made any disclosure of abuse, which is expected given her young age and limited verbal ability. Madeline's mother has listed several non-specific concerns.

2. Madeline's mother expressed a great deal of anxiety about her daughter's safety. Due to the amount of hypervigilance she has, Madeline's mother may herself benefit from talking to a counselor.
3. Madeline was experiencing contact dermatitis on her legs thought to be related to a new laundry detergent. Avoidance of this new soap was recommended.
4. Madeline has not been vaccinated. Immunizations protect against many serious illnesses which can have lifelong repercussions, including possible death. Illinois is experiencing outbreaks of measles and pertussis, which leads me to recommend very strongly reconsideration of the decision not to have Madeline vaccinated.

Recommendations:

1. Needs to be in an environment where not at risk for sexual abuse.
2. Get immunized.
3. Avoid new laundry detergent.
4. Follow-up with primary care provider for routine childhood care.

Molly Hofmann, MD
Health Care Provider's Signature

3-20-15
Date

I have reviewed and approved Molly Hofmann's assessment and have endorsed this report.

Channing Petrak, M.D. FAAP
Medical Director

GC18000408031205B2

Pediatric Illness

Perry Memorial Hospital

PHYSICAL EXAMINATION:

EXAM LIMITED DUE TO: Uncooperative Altered Mental Status Extremis Other: _____

		Normal Findings:	Abnormal Findings:
Appearance	Normal	Well-Appearing No Pain Distress No Respiratory Distress	*Ill-Appearing: Mild Mod Severe* *Pain Distress: Mild Mod Severe* *Resp. Distress: Mild Mod Severe*
Eyes	Normal	Conjunctiva Clear	*Conjunctiva Inflammed / Discharge*
ENT	Normal	Ears Normal Nose Normal Mouth Normal / Moist MMs Throat Normal	*TM Erythema / Bulging / Immobile* *Nasal Clear / Purulent Drainage* *Dry MMs / Lesions* *Erythema / Exudate / Enlerged Tonsils*
Neck	Normal	Supple Nontender No Lymphadenopathy	*Nuchal Rigidity* *Tenderness @ _____* *Enlarged Nodes @ _____*
Respiratory	Normal	Airway Patent CTA Breath Sounds Equal Respiration Nonlabored	*Airway Obstructed / Stridor* *Crackles @ _____* *Wheezes @ _____* *Breath Sounds @ _____* *Retractions*
Cardiovascular	Normal	RRR No Murmur Pulses Normal Brisk Capillary Refill	*Tachycardia Bradycardia* *Murmur: Grade __ / VI Systolic Diastolic* *Distal Pulses: Weak Absent* *Delayed Capillary Refill*
GI / GU	Normal	Soft / Nontender No Masses Bowel Sounds Normal No Organomegaly	*Tender @ _____ mild lt thorax radius* *Mass @ _____* *Bowel Sounds Hypo Hyper* *Hepatomegaly / Splenomegaly*
Musculoskeletal	Normal	Strength / ROM Intact No Edema	*Limited @ _____* *Edema @ _____*
Skin	Normal	Warm & Dry No Rash Color Normal	*Pale / Diaphoretic* *Rash (specify): _____* *Cyanosis @*
Neuro	Normal	Alert Muscle Tone Normal	*Fatigued / Lethargic / Unresponsive* *Muscle Tone*
Psychiatric	Normal	Response to Family: Age Appropriate	*Response to Family:* *Decreased / Consolable / Inconsolable*

Complaint-Specific Findings

Ill Appearance: Yes No
Altered Mental Status: Yes No
Anterior Fontanelle:
Closed Flat Bulging Sunken
Meningeal Signs:
Nuchal Rigidity: Yes No
Brudzinski's Sign: Yes No
Kernig's Sign: Yes No
Retractions: Nasal Flaring, Supraclavicular, Intercostal, Diaphragmatic, Grunting Respirations, Inadequate Effort
Extremity Disuse @ _____
Joint Swelling @ _____
Skin Rash: Petechial Purpuric Macular Papular Vesicular Urticarial Erythema Warmth

Level 1: 1 System Level 4: 4 Systems
Levels 2 - 3: 2 Systems Level 5: 5 systems

DIFFERENTIAL DIAGNOSES / HQI / PQRS:

Consideration of the following conditions may be warranted for the presenting problem; they are not final diagnoses

- Acute Otitis Media
- Bacteremia
- Bronchitis / Bronchiolitis
- Gastroenteritis
- Hypoglycemia
- Meningitis
- Neonatal Herpes
- Pharyngitis / Stomatitis
- Pneumonia
- Pyelonephritis / UTI
- URI / Viral Syndrome
- Rocky Mountain Spotted Fever

Other: _____

RE-EVALUATION:

Pain Scale (0-1

Time: _____ Unchanged Improved Worse VSS _____

Time: _____ Unchanged Improved Worse VSS _____

PHYS. NOTIFICATION/CONSULTS:

Chart Copy Available to Addt'l Care Providers

Discussed case/management/disposition of patient with:
Name: _____ at _____ a.m. / p.
Name: _____ at _____ a.m. / p.
Admit/Transition Orders Written by ED Provider: Yes / No
Reviewed with: _____
Admit to: _____ Consult Follow-up: _____

DISPOSITION:

DISPOSITION DECISION TIME: _____
Discharge: Home Parent/Guardian School Foster Care Deceased AMA
Admit: ED Obs InPt Unit: ICU OR Floor Condition: Stable Unstable
Patient Endorsed To/Discussed With: _____ @ _____ a.m. / p.r
Patient Stabilized Within Hospital's Capabilities/Transferred to: _____
Transfer Form Completed
Disposition Rationale: _____
Discussed with: Patient Family Other: _____
After-Care Instructions Given to & Follow-Up Care Discussed w/Patient At Discharge

ED PHYSICIAN DIAGNOSES:

1 Erythema perineum
2 diaper rash / dermatitis mild
3

Critical Care Provided: 30-74 min / 75-104 min / _____ min (Excludes time required for other billable procedures)

SIGNATURE:

I have reviewed available Ancillary / Nursing Staff documentation.

PA / NP / Resident _____

MD/DO CT

MD/DO _____

Teaching Physician - I performed a history & physical examination of the patient and discussed the management with the Resident. I reviewed the Resident's note and agree with the findings and plan of care, except as I have documented _____ (Initials)

DISPOSITION TIME: 0810

DISPOSITION DATE (if different than above): _____

Chart Completed: Yes No

778905 P/T-EMEF
01333591 F 9M
KRAMER MADELINE H OHIO . IL
20509 2300 N AVE DR NO DOCTOR
DR CERNOVICH 11/18/13 B/D 01/20/13
DR

This form is to assist the physician's documentation of clinical care and treatment. It is not intended to supplant that judgement or create a standard of care.

Perry Memorial Hospital

815-875-2811 Extenstion; 4411

Patient Discharge Instructions

Patient Name: KRAMER MADELINE Patient Acct. #: 013325[illegible] MR #: 778905

Admitting Physician: ASCANO M Secondary Physician: NO DOCTOR

Discharge Instruction/Education Handout(s) given & reviewed:

NORMAL GROWTH AND DEVELOPMENT OF IN

☐ Written Prescription(s) provided ☐ Prescriptions called to: Pharmacy

Other Instructions:

Medications Received in the ER

☐ Immunizations given

Medication	Time Given	Drug Information giv
NONE		☐
		☐

☐ MORE

Medications to be Taken at Home

Medication Name	Dose	Route	Frequency

☐ MORE

☑ Take prescribed medication(s) as directed. CAUTION: If you develop a rash, or unusual symptoms, contact your physician or the En Department before continuing the medication.

☐ Do not drive, operate machinery or take alcoholic beverages while taking this medication:

☐ Due to medication you have been given while in the Emergency Department, your alertness may be somewhat impaired for 6 - 8 ho operate heavy machinery.

X-RAY AND CULTURE REPORTS

☐ The X-Ray reading today is a preliminary report. The radiologist will review the X-Rays. If there is a change, you will be notified.

☐ The culture that was done today will not have an immediate report available. If there is a change in your treatment, you will be notifie

Patient Name KRAMER MADELINE **Patient Acct. #** 013325[illegible] **MR #** 778905

Patient Discharge Instructions (continued)

FOLLOW-UP INSTRUCTIONS

Call to arrange an appointment to see Dr. FAMILY DOCTOR in 1-2 days for follow up care. Tell th receptionist you were seen in the Emergency Room. Call sooner if you think necessary. Show this instruction sheet to your doctor.

You have been referred to Dr. _____ in _____ days for follow up care. Tell the office rece seen in the Emergency Room. Call sooner if you think necessary. Show this instruction sheet to your doctor.

NOTE: The examination and treatment you have received have been rendered on an emergency basis only, and are not intended be a substitute for or an effort to provide complete medical care. Your follow-up doctor (named above) will receive a a copy of your records and all test reports. It is important that you let him/her check you again, and that you report to him/her any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit. Meanwhile, FOLLOW THE INSTRUCTIONS BELOW as indicated to you.

RETURN FOR:

- ☑ Signs of infection: redness, swelling, increased pain or warmth, red streaks, pus or drainage.
- ☐ Fever, chills
- ☑ Increased pain
- ☐ Changes in walking, vision or speech.
- ☐ Chest pain
- ☐ New or worsening symptoms.
- ☐ Loss or bowel or bladder control.
- ☑ Dehydration-dry lips or tongue, decrease in urination, crying.
- ☐ Numbness, weakness or tingling in extremities
- ☐ Headache.
- ☐ Feeling faint or dizziness.
- ☐ Shortness of breath or difficulty breathing.
- ☐ Nausea, vomiting or diarrhea.

OTHER SPECIFIC INSTRUCTIONS

Rest	Push fluids
Good hand washing	

☐ **MORE**

Other: PEDIATRIC RESOURCE CENTER INFORMATION GIVEN. FOLLOW UP IN 1-2 DAYS.

☑ **Planning Ahead brochure given to** ☐ patient ☑ family ☐ refused

Clinical Impression: DIAPER RASH, ALLEGED MOLESTATION

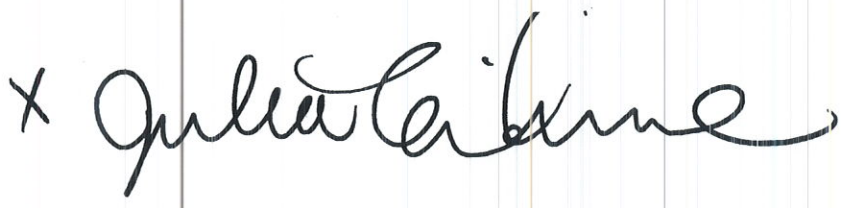
Discharge VS:

Temperature	Pulse	Respiration	Blood Pressure	O2 Saturation
98.1 TEMPORAL SCANNING	127 MONITOR	22	98/64 R ARM SITTING	97

Discharge VS: New

Pain level at time of discharge 0

I hereby acknowledge receipt of and understand the printed and verbal instructions and give permission to have any lab, x-ray o information regarding my visit to ER sent to my family/referral doctor.

x 

Signature:

Relationship Parent **Date:** 110813 **Time:** 1956 **Nurse:** Jennifer M., RN

Perry Memorial Hospital
Emergency Department Triage

Acct #: 01332596 MR #: 778905 AGE: 9M DOB: 01202013 DATE: 110813 AdvDir N

PATIENT: KRAMER MADELINE Admit Phys ASCANO M Second Phys: NO DOCTC

CHIEF COMPLAINT POSSIBLE MOLESTATION

Emergency Severity Index: Urgent Pain level 0 ☐ Animal Bite

Triage Date: 11.8.2013 Triage Time: 1850 Triage Nurse: Jennifer M., RN Triage location: Room

Time to Waiting Mode of Arrival: Carried Accompanied by: Parent EMS Service:

☐ LWBS

☐ MVC ☐ Pre-Hospital Care: Critical Care Start Time

Triage Notes

Height & Weight 19 lbs 2 oz 8.68 kg 8675 g 29 in .42 m2 Floor Scale

Height & Weight New

Vital Signs

Temperature	Pulse	Respiration	Blood Pressure	O2 Saturation
98.6 TEMPORAL SCANNING	102 MONITOR	24	94/62 R ARM SITTING	97

New

NOTES:

PARENT STATES THAT SHE THINKS PT WAS SEXUALLY ASSAULTED BY FATHER 3 MONTHS AGO. M
STATES THAT PT CAME HOME FROM A WEEK AT FATHERS HOUSE AND BEGAN GRABBING HER DIAF
IF TRYING TO RUB IT AGAINST HER GENITALS FOR PLEASURE. PARENT STATES THAT HER RE
SHOWS THAT IS A SIGN OF MOLESTATION. PARENT ALSO STATES THAT PTS "VAGINA HOLE" WA
OPENED WIDE AND WAS VERY EXCORIATED AND AT TIMES HAD "WHITE GUNK" AT "VAGINA HOLE
OPENING." PARENT STATES THAT REDNESS WAS DIFFERENT FROM DIAPER RASH. NO BRUISES,
ABRASIONS, OR LACERATIONS NOTED TO HEAD, NECK, CHEST, ABDOMEN, BACK, LEGS, BUTTOC
ARMS. ACTIVITY AND DEMEANOR APPROPRIATE FOR AGE. GENITALIA INTACT, SOME REDNESS N
TO PREI AREA, VAGINAL OPENING WNL. NO BRUISES NOTED TO PERI AREA.

☐ MORE Notes

Allergies

see E-MAR for allergy reaction information

ALLERGY	ALLERGY
No Known Allergies	

☐ MORE Allergies

Mental Status	Skin	Respirations	I
☑ Alert ☐ Oriented x3 ☐ Confused/Disoriented	☑ Warm ☐ Cool ☐ Hot ☑ Dry ☐ Moist ☐ Dusky ☑ Pink ☐ Pale ☐ Flushed ☐ Normal for race	☑ Unlabored ☐ Labored ☐ Cough ☐ Dyspnea ☐ O2 in use @ ☐ L/NC	☑ Calm ☐ Anxiou ☐ Suppo

Perry Memorial Hospital
Emergency Department Physical Assessment

Acct #: 01332596 MR #: 778905 AGE: 9M DOB: 01202013 DATE: 110813 AdvDir N

PATIENT: KRAMER MADELINE H Admit Phys ASCANO M Second Phys: NO DOCTC

RN: Jennifer M., RN Assessment time: 1850

PAIN EVALUATION: ☑ States no pain/Exhibits no signs pain

PMH Pain Management Guide:

REVIEW OF SYSTEMS:

☐ Respiratory ☐ Circulatory/Cardiac ☐ Neurological ☐ Abdominal

☑ GU ☐ Skin ☐ Orthopedic ☐ EENT

☐ Notes:

GU ○ Male ◉ Female

Urinary Symptoms ☑ Normal for pt. ☐ Pain ☐ Frequency ☐ Hesitancy ☐ Urgency ☐ Bloody or dark urine

☐ Incontinent

☐ Stress incontinent Last Void: ☐ Distended Bladder ☐ Foley Catheter

Last Menstrual Period ☑ Not of age ☐ Post Menopausal ☐ Hysterectomy Approx. 1st day of LMP

G P Ab EDC

☐ Vaginal Discharge ☐ Itching ☐ Vulvar/Vaginal Pain ☐ Abnormal Vaginal Bleeding ☐ Passing Clots

Perry Memorial Hospital
ED Patient Progress Record

Acct #: 01332596 MR #: 778905 AGE: 9M DOB: 01202013 DATE: 110813 AdvDir N

PATIENT: KRAMER MADELINE H Admit Phys ASCANO M Second Phys: NO DOCTC

Patient Information

Weight: 19 lbs 2 oz 8.68 kg 8675 g 29 in .42 m2 Floor Scale

Weight: New

Intake & Output

Intake: Enter New Intake

Total Intake from 12/10/13 02:02 - 12/10/13 10:02 Total Intake from this form

Output: Enter New Output

Total Output from 12/10/13 02:02 - 12/10/13 10:02 Total Output from this form

IV Site & IV Therapy

IV Start - Site Information

☐ field site maintained

Time	Site	IV/INT	Gauge	Attempts	Nurse	D/C w/catheter intact
						☐ Time
						☐ Time
						☐ Time

Exam Data

Critical Care Start Time Critical Care Stop Time

RN Exam Time	1850						
MD Exam Time	1918	Dr. M. Ascano				Dr.	

Interventions - Treatment Record

Time 1850 ☐ back board / c-collar maintained ☐ back board / c-collar removed

☑ VS ☑ Pain level 0 ☐ order(s) received ☐ MD notified:

☐ Ice applied ☐ Neb tx per RT ☐ BG ☐ Xray

☐ Foley ☐ Labs obtained per RN ☐ Labs obtained per ED tech ☐ Labs drawn per Lab

☐ NG ☐ EKG completed ☐ EKG reviewed by MD ☐ IV site(s) patent & clear
☐ Monitor ☐ wound irrigation/cleanse ☐ O2 @ l/m per
☐ Post mold applied; ☐ steri-strips applied ☐ Ortho
size

☑ Notes Communication Report given to:

TRIAGE TO ROOM 3.
1918: MD EXAM WITH JENNY M., RN PRESENT.

VS New

Time 1956 ☐ back board / c-collar maintained ☐ back board / c-collar removed

☐ VS ☑ Pain level 0 ☐ order(s) received ☐ MD notified:
☐ Ice applied ☐ Neb tx per RT ☐ BG ☐ Xray
☐ Foley ☐ Labs obtained per RN ☐ Labs obtained per ED tech ☐ Labs drawn per Lab
☐ NG ☐ EKG completed ☐ EKG reviewed by MD ☐ IV site(s) patent & clear
☐ Monitor ☐ wound irrigation/cleanse ☐ O2 @ l/m per
☐ Post mold applied; ☐ steri-strips applied ☐ Ortho
size

☑ Notes Communication Report given to:

DC INSTRUCTIONS/HEALTH AND DEVELOPMENT IN INFANT AND PRC INFORMATION GIVEN, PAREN
VERBALIZED UNDERSTANDING. DC HOME.

☐ **MORE**

☐ **LWBS**

☐ **Transfer Communication / Information**

Discharge Information

Patient Belongings: ☑ Clothing ☐ Watch ☐ Glasses ☐ Dentures ☐ Hearing aid x1 ☐ Hearing aid x2
☐ Wallet/Purse ☐ Home medications **Belongings Disposition:** All belongings home

☐ Critical Care entire ED visit Critical Care Stop Time

Physician decision to admit - date & time Date: Time:

must be MMDDYYYY

☑ Discharge Time-out completed ☐ LWBS

Patient Disposition: Home **Mode:** Carried **Location:**

IV status: No IV or INT at discharge/transfer **IV details if applicable**

Accompanied By: Parent **Pain Scale:** 0 **Time of Discharge:** 1956 **RN** Jennifer M.

Name KRAMER MADELINE H Account 01332596

Patient Progress Notes

page 2

Perry Memorial Hospital
Emergency Department Initial Interview

Acct #: 01332596 MR #: 778905 AGE: 9M DOB: 01202013 DATE: 110813 AdvDir N

PATIENT: KRAMER MADELINE H Admit Phys ASCANO M Second Phys: NO DOCTC

RN: Jennifer M., RN Time: 1850 Location: Room 3

Weight 19 lbs 2 oz 8.68 kg 8675 g 29 in .42 m2 Floor Scale

Weight New

Current Medications Taken At Home

- ☐ Pharmacy called for assist with medication list
- ☐ Dr's office called for assistance with medication list

Medication Reconciliation

☐ Validation

Past Medical History

- ☑ Family provided portions or all of the patient history
- ☐ Unable to assess portions or all of history due to patient condition
- ☐ Old records reviewed for portions or all of history due to pt. condition; See account:

Assistive Devices: ◉ None ○ List

Last Menstrual Period ◉ N/A ○ Date:

Illnesses

Cardiac & Circulatory History: ☑ None

Respiratory / Pulmonary History ☑ None

GI / GU History: ☑ None

Musculoskeletal History: ☑ None

Mental Health History: ☑ None

Cancer History ☑ None

Other Medical History: ☑ None

Surgery: ◉ No ○ Yes ○ History unknown

History of Tobacco Use: ◉ No ○ Yes ☐ Household member smokes